



NEVADA STATE BOARD OF EXAMINERS FOR
MARRIAGE & FAMILY THERAPISTS AND
CLINICAL PROFESSIONAL COUNSELORS

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Las Vegas, Nevada 89137
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INTERNSHIP DISSOLUTION

Form 9

Pursuant to NRS 641A.2878: This dissolution agreement is made on _____,
Date
between _____ (intern)
Print Name Intern Number
and _____ (supervisor).
Print Name License Number

We petition the Board to dissolve this Supervisor-Intern relationship effective _____
Date of Dissolution
due to (please provide summary on reason for dissolution):

___ Incompatibility	___ Nonattendance
___ Scheduling Difficulty	___ Nonconformity
___ Ethical Differences	___ Lack of Services
___ Noncompliance	___ See attached

The Supervisor and Intern will accomplish a Six Month Report covering the last Dates of Supervision after the Board approves this petition.

The Intern understands and agrees that they may NOT see clients nor practice after the effective date until a new Primary Supervisor and a new Internship Proposal has been approved by the Board. The Intern may choose a New Primary Supervisor from the list of Board Approved Primary Supervisors provided by the Board office at nvmftbd@mftbd.nv.gov. (Initials _____)

By signing this agreement both parties agree to dissolve the Supervisor-Intern relationship. This dissolution will officially take affect once approved by Board at a Quarterly Board Meeting.

_____ Interns Name (print)	_____ Intern License	_____ Signature
_____ Supervisor's name (print)	_____ License number	_____ Signature

Please mail all original correspondence to: P.O. Box 370130, Las Vegas, NV 89137

DO NOT FAX

Updated 9/15 supersedes all other forms